



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Hayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph



UNIVERSAL HEALTH CARE
PhilHealth Regional Office IVA

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **LUCKY BOOKSTORE**
Address: Quezon Avenue
Lucena City
Tel/Fax No.: (042) 710 5588
Supplier Registered with: Department of Trade and Industry

PO No. 2021-04-138
Date: December 20, 2021

Terms of Payment: ON ACCOUNT
Mode of Procurement: SHOPPING

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3000	ream	PAPER MULTICOPY, A4, for laser printer/ink-jet printer, high speed, copier, 210mm x 297 mm (A-4), 80 gsm.	163.00	489,000.00
2	10	packet	BATTERY Dry Cell, 1.5 volts, Premium/Ultra/Super Alkaline/Alkaline/, size AAA, No Mercury and Cadmium Added, 2pcs/blister pack <i>10 COMPLETE</i>	34.00	340.00
3	2	box	PENCIL Lead with eraser, medium size, wood case, hardness: HB or 2	68.50	137.00
4	5	box	PUSH PIN Hammer head type, assorted colors, 100's/box	24.00	120.00
5	23	box	ENVELOPE DOCUMENTARY, for Legal size documents, kraft, 150 gsm., 254mm x 381mm, 500 pcs/box	680.00	15,640.00
6	30	book	RECORD BOOK 500 pages, 215mm x 275mm, 55 gsm., Smythe sewn, w/ 'Official Record Book' printing	155.00	4,650.00
7	100	ream	PAPER MULTICOPY, Legal, for laser printer 80gsm, size: 216mm x 330mm, 500 sheets per ream, thickness: 0.09mm min <i>10</i>	188.00	18,800.00
8	65	pack	FOLDER TAGBOARD, for legal size papers/documents, 0.342mm thickness, 240mm x 365mm, smooth finish and non-blot on both sides, 100 pcs/pack	320.00	20,800.00





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9	100	box	PAPER CLIP 32mm (-+1), vinyl/plastic coated, assorted colors, 100s/box/52g per box	9.50	950.00
					550,437.00
			Less Taxes: 5% VAT	24,573.08	
			1% EWT	4,914.62	29,487.70
			TOTAL AMOUNT		520,949.30
			Purchase Request No:	2021-01-152	
			Date:	16-Nov-21	

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Restoration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available:	Funds Available in the amount of:	550,437.00	APPROVED:
 MA. PAMELA B. LEYNES Fiscal Examiner A	 ARON R. RIANO Fiscal Controller IV		 ARVIN M. GRANADA ARVP, PRO IVA
With in the COB:	2021 COB		
Expense Code:	5020301001		
Budget:	550,437.00		
Remarks:			
Conformer:	 Annaiza M. Sandoval Signature over Printed Name and Position of Authorized Representative	Received Copy of PO:	 Date

